



STATE OF UTAH
APPLICATION FOR CONCERN LICENSE OR STATUS CHANGE
PORTABLE FIRE EXTINGUISHERS

The required fee must accompany this application

<input type="checkbox"/> New Application <input type="checkbox"/> Renewal		E#
<input type="checkbox"/> Business Concern for Profit <input type="checkbox"/> Non-Profit Exempt		Types <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
<input type="checkbox"/> Private In-House Concern <input type="checkbox"/> Location Change <input type="checkbox"/> Other:		
Name of Firm:		
Address of Firm: <div style="text-align: center; font-size: small;">Physical Address DO NOT use PO Box Number or Rural Route Number</div> City State Zip		
Mailing Address of Firm: City State Zip		
Business Phone #:		Fax #:
Applicant Doing Business As: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
Classification Types Check appropriate box(es) below for desired license category <div style="padding-left: 20px;"><input type="checkbox"/> 4. Servicing any type portable fire extinguisher, except systems. <input type="checkbox"/> 3. Conduct hydrostatic tests of water, dry chemical, and Halon fire extinguishers (except hydrostatic testing of containers listed as marked in conformance with U.S. Department of Transportation (DOT) regulations.) <input type="checkbox"/> 2. Conduct hydrostatic tests of fire extinguisher cylinders listed and marked in conformance with DOT regulations. <input type="checkbox"/> 1. All activities as per 2, 3, and 4 above.</div> \$300 Total Fee Due		

Mail to: UTAH STATE FIRE MARSHAL, 5272 SOUTH COLLEGE DRIVE, SUITE 302, MURRAY, UT 84123-2611

****CONTINUED ON REVERSE SIDE****

Original Date		Renewal Date		Renewal Date		Renewal Date		Renewal Date	
Amount Paid		Amount Paid		Amount Paid		Amount Paid		Amount Paid	
Receipt #		Receipt #		Receipt #		Receipt #		Receipt #	
Date lic sent		Date lic sent		Date lic sent		Date lic sent		Date lic sent	

This application shall be accompanied by a list of employees, including you, their EE number and types of service performed.				
Name	EE#	Types	<input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Name	EE#	Types	<input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Name	EE#	Types	<input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Name	EE#	Types	<input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Name	EE#	Types	<input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Name	EE#	Types	<input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Name	EE#	Types	<input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Name	EE#	Types	<input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1

If additional space is needed, attach a separate sheet

Read the following paragraphs carefully before signing this application

After License “E” Number is issued, forward one copy of your service tag, hydrostatic test label, and if applicable, a facsimile of your USDOT hydrostatic mark or symbol.

I affirm that this application contains no misrepresentations or falsifications and the information is true and complete to the best of my knowledge and belief. I also understand and agree, that failure to conduct my business according to the adopted statues and administrative rules of the State of Utah with regard to servicing portable fire extinguishers, will subject myself to the possibility of the loss of my license and/or the possibility of criminal prosecution.

I hereby authorize, agree, consent and allow the State Fire Marshal and any of his properly authorized employees to enter, examine, and inspect any premises, building, room, or establishment used in servicing, charging, or testing portable fire extinguisher to determine compliance with the provisions of state law and the regulations and standards adopted by the State Fire Marshal.

Date _____

Sole Ownership

Print Name _____

Signature _____

Corporation

Authorized Agent – Print Name _____

Title _____

Signature _____

Partnership

Print Name _____

Signature _____

Print Name _____

Signature _____